ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Rachel
2. Surname (Last Name)  Clark
3. Date  16-January-2017
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title
Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report
6. Manuscript Identifying Number (if you know it)

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Dr. Clark has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Derek
2. Surname (Last Name) Cuff
3. Date 16-January-2017
4. Are you the corresponding author? ✔ No
   Corresponding Author’s Name
   Mark Frankle, MD
5. Manuscript Title
   Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report
6. Manuscript Identifying Number (if you know it)

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Dr. Cuff has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Frankle

3. Date  
16-January-2017

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

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Are there any relevant conflicts of interest?  
✔ Yes  
No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Are there any relevant conflicts of interest?  
✔ Yes  
No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Dr. Frankle receives royalties and consulting fees from DJO Global
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes [✔]  No [ ]

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Dr. Frankle reports grants and personal fees from DJO Global, during the conduct of the study; personal fees from DJO Global, outside the submitted work; In addition, Dr. Frankle has a patent 6790234 issued.
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Section 1. Identifying Information

1. Given Name (First Name) Derek
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Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

Corresponding Author’s Name
Mark Frankle, MD

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Brandon

2. **Surname (Last Name)**
   - Santoni

3. **Date**
   - 19-April-2017

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-17-00175R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Santoni reports grants from DJO Global, during the conduct of the study.

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